

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEES DETERMINATION | CBL | 000401 | 10/15/90 |
| O.I.P.E. CLASSIFIER | | 21 | 10/12/90 |
| FORMALITY REVIEW | KB | 71712 | 10-28 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------|----------|
| Final | 1 |
| Original | 6 |
| 1 | 6 |
| 2 | 11 |
| 3 | 12 |
| 4 | 2 |
| 5 | 1 |
| 6 | 04/03/90 |
| 7 | ✓ |
| 8 | ✓ |
| 9 | ✓ |
| 10 | N |
| 11 | N |
| 12 | N |
| 13 | N |
| 14 | A |
| 15 | ✓ |
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| 49 | |
| 50 | ✓ |

| Claim | Date |
|----------|----------|
| Final | 6 |
| Original | 14/11/90 |
| 51 | ✓ |
| 52 | ✓ |
| 53 | 1 |
| 54 | 2 |
| 55 | 3 |
| 56 | 4 |
| 57 | 5 |
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| 98 | 46 |
| 99 | 47 |
| 100 | 48 |

| Claim | Date |
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| Final | |
| Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

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